

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10-597,346** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5		1				
6	1					
7		1				
8	1					
9		1				
10	1					
11		1				
12	1					
13		1				
14	1					
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16	1					
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18	1					
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22	1					
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24	1					
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26	1					
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34	1					
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36	1					
37		1				
38	1					
39		1				
40	1					
41		1				
42	1					
43		1				
44	1					
45		1				
46	1					
47		1				
48	1					
49		1				
50	1					
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS		████████		████████		████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53	1					
54		1				
55	1					
56		1				
57	1					
58		1				
59	1					
60		1				
61	2					
62	1					
63		1				
64	1					
65		1				
66	1					
67		1				
68	1					
69		1				
70	1					
71		1				
72	1					
73		1				
74	1					
75		1				
76						
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96						
97						
98						
99						
100						
TOTAL IND.	1		↓		↓	↓
TOTAL DEP.	75	←		←	←	←
TOTAL CLAIMS	76	████████		████████		████████